

Childhood Cancer STAR Reauthorization Act

[Public Law 117–350]

[This law has not been amended]

【Currency: This publication is a compilation of the text of Public Law 117-350. It was last amended by the public law listed in the As Amended Through note above and below at the bottom of each page of the pdf version and reflects current law through the date of the enactment of the public law listed at <https://www.govinfo.gov/app/collection/comps/>】

【Note: While this publication does not represent an official version of any Federal statute, substantial efforts have been made to ensure the accuracy of its contents. The official version of Federal law is found in the United States Statutes at Large and in the United States Code. The legal effect to be given to the Statutes at Large and the United States Code is established by statute (1 U.S.C. 112, 204).】

AN ACT To maximize discovery, and accelerate development and availability, of promising childhood cancer treatments, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. [42 U.S.C. 201 note] SHORT TITLE.

This Act may be cited as the “Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022” or the “Childhood Cancer STAR Reauthorization Act”.

SEC. 2. REAUTHORIZING AND IMPROVING THE CHILDHOOD STAR ACT.

(a) CHILDREN’S CANCER BIOREPOSITORIES.—Section 417E of the Public Health Service Act (42 U.S.C. 285a-11) is amended—

(1) in subsection (a)—

(A) in paragraph (2)(A), by inserting before the period at the end of the second sentence the following: “, such as collected samples of both solid tumor cancer and paired samples”;

(B) in paragraph (9), by striking “Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018” and inserting “Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022”;

(C) by redesignating paragraph (10) as paragraph (11); and

(D) by inserting after paragraph (9) the following:

“(10) REPORT ON RESEARCHER ACCESS TO CHILDREN’S CANCER BIOREPOSITORY SAMPLES.—Not later than 2 years after the date of enactment of the Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022, the Director of NIH shall—

“(A) conduct a review of the procedures established under paragraph (2)(C) and other policies or procedures re-

lated to researcher access to such biospecimens to identify any opportunities to reduce administrative burden, consistent with paragraph (2)(D), in a manner that protects personal privacy to the extent required by applicable Federal and State privacy law, at a minimum; and

“(B) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the findings of the review under subparagraph (A) and whether the Director of NIH plans to make any changes to the policies or procedures considered in such review, based on such findings.”; and

(2) in subsection (d), by striking “2019 through 2023” and inserting “2024 through 2028”.

(b) **[42 U.S.C. 285a-11a note] CANCER SURVIVORSHIP PROGRAMS.**—Section 201 of the Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018 (Public Law 115-180) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking “Pilot Programs to Explore” and inserting “Research to Evaluate”

(B) in paragraph (1)—

(i) by striking “may make awards to eligible entities to establish pilot programs” and inserting “shall, as appropriate, make awards to eligible entities to conduct or support research”;

(ii) by striking “model systems” and inserting “approaches”;

(iii) by inserting “and adolescent” after “childhood”; and

(iv) by striking “evaluation of models for”;

(C) in paragraph (2)—

(i) in subparagraph (A), in the matter preceding clause (i), by inserting “within the existing peer review process,” after “practicable,”; and

(ii) in subparagraph (B)(v), by striking “in treating survivors of childhood cancers” and inserting “in carrying out the activities described in paragraph (1)”;

and

(D) in paragraph (3)(B)(v), by striking “design of systems for the effective transfer of treatment information and care summaries from cancer care providers to other health care providers” and inserting “design tools to support the secure electronic transfer of treatment information and care summaries between health care providers or, as applicable and appropriate, longitudinal childhood cancer survivorship cohorts”; and

(2) in subsection (b)—

(A) in each of paragraphs (1) and (2), by striking “date of enactment of this Act” and inserting “date of enactment of the Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022”; and

(B) in paragraph (1)—

(i) by striking subparagraphs (A) and (C);

(ii) by redesignating subparagraph (B) as subparagraph (A); and

(iii) by adding at the end the following:

“(B) recommendations for enhancing or promoting activities of the Department of Health and Human Services related to workforce development for health care providers who provide psychosocial care to pediatric cancer patients and survivors.”.